



Client No. 2036	Client Name CH. MATERIALS	Location 1004 OSWEGO ST. UTICA, NY	Date 8-22-87									
Facility Equipment N/A	Detax Clock N/A	Weapon No. N/A	Holster N/A	Nightstick N/A	Raincoat 1	Flashlight 3	Other RADIO / 2 KEYS / LOG BOOK					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth F. Kelly		Officer—Swing Shift (Name) Patrick W. Mathana		Officer—Grave Shift (Name) THOMAS E. KOEHLER						
Shift Began 8:00 AM		Ended 16:00 PM		Shift Began 4 AM		Ended 12:00 PM						
Shift Began 12:00 AM		Ended 8:00 AM										
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Gate light on 2000		<input checked="" type="checkbox"/>				
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Remarks EMPLOYEES REPORTING FOR 0640 - E.S.A. & OTHM people on site (0915 Stewart - 7nd E.S.A. in (0925 7nd E.S.A. out))												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift	Yes	No	Yes	No	Yes	No	Yes	No			
2. Did you suffer any illness?	Day Shift	Yes	No	Yes	No	Yes	No	Yes	No			
3. Have you reported accidents coming to your attention?	Day Shift	Yes	No	Yes	No	Yes	No	Yes	No			
Signatures	1	Kenneth F. Kelly			1	Patrick W. Mathana			1	Thomas E. Koehler		
Signatures	2				2				2			
Signatures	3				3				3			

439257

